

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LATIN FOOD DISTRIBUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATIN FOOD DISTRIBUTIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL E. RIZO GUERRERO

Name of Person

LATIN FOOD DISTRIBUTIONS, LLC

Firm/Company

10393 SW 186 ST

Address

MIAMI, FL 33157

City/State and Zip Code

LATINFOODDISTRIBUTIONS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL E. RIZO GUERRERO

786 737 - 4779

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LATIN FOOD DISTRIBUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/21/2023 and assigned Florida document number L23000524738.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10393 SW 186 ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33157

Enter new mailing address, if applicable:

P.O. BOX 972524

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33197

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JESSICA P. PAJARO JIMENEZ

New Registered Office Address:

10393 SW 186 ST

Enter Florida street address

MIAMI

Florida 33157

City

Zip Code

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Printed name (Dec 7, 2023 14:24 EST)

If Changing Registered Agent, Signature of New Registered Agent

Dec. -6. 2023 3:16PM

H2300071718-3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAJARO, JESSICA	10393 SW 186 ST	<input type="checkbox"/> Add
		MIAMI, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RIZO GUERRERO, DANIEL E.	21837 SW 100TH PL	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAJARO JIMENEZ, JESSICA P.	21837 SW 100TH PL	<input checked="" type="checkbox"/> Add
		CUTLER BAY, FL 33190	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 06, 2023


 CC BY-SA

Signature of a member or authorized representative of a member

DANIEL E. RIZO GUERRERO

Typed or printed name of signee

Filing Fee: \$25.00